

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  31D2163236	<b>(X3) Date Survey Completed</b>  10/25/2023
<b>Name of Provider or Supplier</b>  New Jersey Dermatology	<b>Street Address, City, State</b>  479 County Road 520 Suite A 201, Marlboro, NJ	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5401</b>	<p>PROCEDURE MANUAL CFR(s): 493.1251(a)</p> <p>A written procedures manual for all tests, assays, and examinations performed by the laboratory must be available to, and followed by, laboratory personnel. Textbooks may supplement but not replace the laboratory's written procedures for testing or examining specimens.</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Procedure Manual (PM), the lack of a Reagent Tracking Log and interview with Office Manager (OM) the laboratory failed to follow the procedure for "Reagents" from 12/13/21 to the date of survey. The findings include: 1. The PM states "Reagent lot numbers and expiration dates will be recorded. 2. There was no documented evidence any reagents lot numbers and expiration dates were recorded. 3. The OM confirmed on 10/30/23 at 10:45 am the laboratory failed to follow the above mentioned procedure.</p>
<b>D5787</b>	<p>TEST RECORDS CFR(s): 493.1283(a)</p> <p>The laboratory must maintain an information or record system that includes the following: (a)(1) The positive identification of the specimen. (a)(2) The date and time of specimen receipt into the laboratory. (a)(3) The condition and disposition of specimens that do not meet the laboratory's criteria for specimen acceptability. (a)(4) The records and dates of all specimen testing, including the identity of the personnel who performed the test(s).</p> <p>This STANDARD is not met as evidenced by: Based on surveyor review of the Accession Log (AL), Test Records (TR) and</p>

interview with the Office Manager (OM), the laboratory failed to maintain an accurate information system for Histopathology tests from 12/13/21 to the date of survey. The findings include: 1. A review of the Mohs Surgical log revealed: a. Case # 23-125 was documented on the AL as 8/8/23 but the TR had the Date of Service as 08/07/2023 b. Case # 23-119 was documented on the AL as 8/8/23 but the TR had the Date of Service as 08/07/2023 2. The OM confirmed at 11:00 am on 10/2/22 the laboratory failed to maintain an accurate information system.